

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2003 8:00 am**  
**Secretary of State**

05-22-2003 90135 013 \*\*\*\*\*61.25

**DOCUMENT # 750471**

1. Entity Name

**LYNN-COURT TOWNHOUSE ASSOCIATION, INC.**



Principal Place of Business

**727 BILTMORE COURT  
CORAL GABLES FL 33134**

Mailing Address

**727 BILTMORE COURT  
CORAL GABLES FL 33134**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2019457**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**LYNN, FRANK  
727 BILTMORE COURT  
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **MARCELYN R. COX**

Street Address (P.O. Box Number is Not Acceptable)  
**725 Biltmore Court**

**Coral Gables**

City

**FL**

Zip Code

**33134**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	PECK, MARY ANN	(deceased)
STREET ADDRESS	723 BILTMORE COURT	
CITY-ST-ZIP	CORAL GABLES, FL 00000	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	MORLEY, MEREDITH C.	
STREET ADDRESS	725 BILTMORE COURT	
CITY-ST-ZIP	CORAL GABLES, FL 00000	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LYNN, FRANK	
STREET ADDRESS	727 BILTMORE COURT	
CITY-ST-ZIP	CORAL GABLES, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Peck, James	
STREET ADDRESS	723 Biltmore Court	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARCELYN R. COX	
STREET ADDRESS	725 Biltmore Court	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**MARCELYN R. COX**

**5/20/03**

**305/284-5301**

CR2E037 (10/02)